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Ways of Caring: How Relative Caregivers Support Children and Parents

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WAYS OF CARING:

HOW RELATIVE CAREGIVERS SUPPORT CHILDREN AND PARENTS

juliet bromer

I give Jamillah a lot of love. I just enjoy being with her. I enjoy our little time we spend. I like to play music and watch her dance.... I think if she learns anything from me, it's how to cuddle and how to love someone.

– Mavis, a grandmother

He knows that I'm the other half of the tree.... It's like he wakes up in the morning, he get to reaching for me. And we got a good relationship, I feel. You know? He's the type of baby, he knows that I'm caring for him."

– Tanya, an aunt

The above statements are from relative caregivers who participated in a qualitative study that explored the support roles of African American child care providers in poor Chicago neighborhoods.* This essay is based on in-depth interviews with ten relative caregivers—nine grandmothers and one aunt. In it, I discuss five themes: caregivers' adult-focused and child-focused motivations for caring, daily work with children, childrearing advice to parents, and caregiver-parent conflict. Caregivers' motivations to provide child care and the meanings they ascribe to this daily work suggest new ways of defining a child-focused approach to caregiving.

The support role of grandmothers and other close kin in African American families has been widely documented (Burton & Bengtson, 1985; Hill, 1993; Hunter, 1997; Hunter & Taylor, 1998; Jayakody, Chatters, & Taylor, 1993; Stack, 1970). The involved role of African American grandmothers, especially in realms of child care and parenting support, has been described as a source of strength and resilience for African American families, especially those living in poverty. Most studies focus on grandparents who co-reside with their grandchildren and take on surrogate parenting roles. Fewer studies have looked exclusively at the noncustodial child care roles of grandmothers and other close kin. And few have examined the meaning of child care work to African American caregivers.

The ten caregivers in this study offered child care on a full-time basis to at least one relative child. Four caregivers also offered care to additional children who were not related to them. Children in care ranged from young infants to school-age. The schedules included nonstandard hours (nights, weekends) as well as daytime hours to accommodate parents' jobs. Three caregivers were paid by family members

*This chapter reports on a subset of findings from the author's dissertation, which is part of the broader Study of Work-Child Care Fit, directed by Julia R. Henly, University of Chicago. The dissertation includes data from both parents and a cross-section of child care providers.

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The caregivers ranged in age from 26 to 74 although most were in their mid-40's. Only one caregiver held a college degree and none had formal training in child care. Six of the caregivers were married and seven lived with the families of the children in care. Most notable was the economic marginality and level of personal hardship that these caregivers faced. Nine reported economic hardship, two had serious health problems, and four held full-time jobs. They all lived in urban neighborhoods with high family poverty rates (Census Bureau, 2000).

Adult-focused Motivations

Caregivers viewed their care of kin as an extension of a natural role they had always played in their families: as one woman put it, "Quite naturally, I would be the one to watch them." They also emphasized an obligation to help family members and often framed their motivations to provide child care in ethical terms. Mrs. May, a great grandmother caring for her grandson and great grandson, commented:

And that's what families are supposed to do. That's what they are about. I'm not saying we're a family and you go your way and I go mine. That's not a family. A family sticks together! A family helps each other.

Feelings and arrangements about payment further illustrated caregivers' ethical commitments to help family members survive economically. Caregivers wanted to help family members who demonstrated an effort to help themselves. They alluded to this ethic of self-sufficiency when they explained why they did not charge relatives for child care. As Martha, a young grandmother, put it: "I know she's down there trying—that was good enough.... I kept her for a long time before I got anything... 'cause I know she's down there trying to do something with herself." Other caregivers spoke about the unpredictable paychecks of parents and empathized with working parents' economic struggles.

Caregivers' feelings about payment also focused on ideas about reciprocity. Mrs. Tanner, a grandmother who cared for her grandchildren as well as neighbors' children, expressed discomfort with the idea of being paid and how that might change her relationships with friends and family. She mentioned hard times in the past where she relied on her family to get by and did not want to jeopardize familial relationships by charging for child care " 'cause I'll never know if I ever need the few favors returned, the favor turned around, you know. I don't usually charge. I don't

like to charge people.” Indeed, the few caregivers who were paid by their relatives said it was usually the parent who insisted.

Child-focused Motivations

Caregivers also emphasized the health and well-being of relative children as a primary motivator for providing child care, citing their close relationships with children and their fear of abuse in organized child care settings. Most caregivers initiated the child care arrangement with their relatives. As one grandmother explained: “It was just a volunteer thing for me to keep her.... Because it’s my first grandbaby and I loved her.” For relative caregivers, love of an individual child rather than a general interest in children motivated them to offer care. As another grandmother put it, “I’m not really a kid person.” Aunt Tanya’s quote at the beginning of this essay suggested that caregivers often took on second mother roles with children, especially relatives who co-resided with kin. Similarly, Martha described how living in the same building as her granddaughter facilitated the relationship: “This is like home for her too. She just walk on in.... She’s my grandchild—just like she’s mine.... She’s my baby. I’m grandma.”

In some cases, caregivers’ child-focused motivations to care for relatives were differentiated from their adult-focused motivations to care for children unrelated to them. Karla explained how monetary need motivated her to care for her neighbor’s child: “I told her, yeah, I could use the little few dollars...around the house, you know, get me some cigarettes and whatever.... That’s how I started taking care of her baby.” While Karla also accepted monetary payment from her daughter, grandmotherly love and protective feelings motivated her to take on the full-time care of her 18-month-old grandson: “I don’t want him in preschool.... ’cause he can’t talk and if somebody up there do something to him he can’t tell you who did or what.”

“Doing Daily Things”: Taking Care of Kids

The caregivers I interviewed talked about their informal efforts to address children’s cognitive, social, and emotional needs. Several read books and introduced the alphabet to children. Mrs. Smith, a college-educated grandmother, viewed herself as a teacher to her grandchildren and regularly planned cultural and educational activities, hoping to expose them to a world beyond what she called “the hood”:

You know I have my little school stuff, my ABC’s.... Instead of looking at the TV all the time, I have the music on.... I say it’s opera and I tell them different names.... I have to plan for them.

The elderly Mrs. May found ways to make her limited one-floor, three-room apartment into a learning space: she converted an old sofa into a climbing apparatus and made up writing and drawing games with her grandsons.

Caregivers’ narratives about what they wanted for children further revealed a

kind of emotional care. Grandmothers in particular emphasized teaching their grandchildren the importance of forming close relationships. They talked about passing on the security and reliability of grandmotherly love:

I mean I just want them to know when they think of their grandmother, they think of “my grandmama love me.” That’s all I want.

If anything goes wrong as far as they are concerned, whatever is in their little life, they talk to grandma and tell grandma.

Caregivers also emphasized the importance of teaching children how to care about and for others as a moral value. Mavis taught her 17-month-old granddaughter “how to cuddle and how to love someone.” Mrs. May used her own disabilities to teach her grandsons the value of caring for others:

They see me struggling trying to do something. As small as they are, they will really help! They gonna git up. And they get behind me and push me ‘cause I let them do that so they will learn how to, you know, to help people? So they’re learning how to give help to older people, sick people. They’re learning how to do that, to help.

Other caregivers talked more broadly about social and moral development, as Mrs. Smith explained: “Morals, a lot of morals.... I teach them to respect each other, because, see, they get to fighting. I say you don’t fight your cousin, your brother....” Aunt Tanya, who cared for her ten-month-old nephew, talked about the importance of character training: “I do want him to be a sharing person. I want him to be, ah, not selfish.”

In addition to cognitive and social-emotional development, caregivers’ focus on daily routines with children further revealed an intentional approach to caregiving. Much of their time with children was spent in family routines and what one caregiver called “daily living”: getting up in the morning, preparing for school, eating, bathing, and going to bed. Caregivers sometimes described these activities as ones only a grandmother could do and took pride in the intimate care they offered children. Mrs. Tanner describes her attention to children’s individual needs:

I’ll probably get them up about a quarter to eight. So they can stretch and wake up before they go to school. I don’t like a kid to just wake up and get dressed and go to school because then they have a bad day.

She also explained how she re-read books to the children each morning to “refresh” their memories before they went to school.

Mothering Mothers: Childrearing Advice to Parents

Caregivers in this study confirmed the well-documented finding that African American grandmothers provide substantial support and guidance around parenting issues especially to young, first-time mothers (Hunter & Taylor, 1998). All ten caregivers gave personal advice to mothers about child-related concerns. For some, this support to parents was an indirect way of helping children.

Advice about routine baby and child care included the importance of home-cooked meals, feeding schedules, and potty training. Many caregivers acted like coaches to mothers, giving out daily tips and assessments of mothers' parenting skills. Mrs. Smith called her grandson's mother every morning at six a.m. to remind her of the day's schedule, which included getting the child to preschool on time. She acknowledged that this constant pressure was difficult on the young parent but explained how her approach was successful:

I say, "Wanda, you can get mad at me but I'm gone keep pushing." You know 'cause she's young and she figures "You acting just like my mother." I say, "Well, Wanda, I'm trying to help you that's all.".... She'll sit there and look at me and listen. But then she'll catch on and then the next day, "Okay I'm do so and so."

In addition to giving specific childrearing advice, caregivers encouraged mothers to spend quality time with children. They acknowledged that multiple stressors and distractions in parents' work lives often made it hard for mothers to find time for their families. As one caregiver told her sister-in-law, "You gotta make time. You gotta make time for the kid." Caregivers also challenged mothers to focus on individual emotional and cognitive needs of children:

Read to her, teach her to do certain things.... Give her the quality time so she'll learn something.... I always tell her to spend a lot of time with her because now she basically needs that.

Let him get on the floor and play.... She read to him. I tell her that's good 'cause its gonna help him in the long run.... I tell her that was good to do.

Caregivers' advice to mothers about discipline further illustrated their child-centered approach. Six caregivers encouraged mothers to take the child's perspective when disciplining. Mrs. May chided her daughter for using physical punishment and encouraged her to talk to her child instead: "You git 'em up to you, you look in his eyes, and you talk to him, and he's a thinking child already, so you show him some points where he shouldn't do these things. He's gonna hear you! He may not hear you right now, but he will hear you!" Mrs. Smith encouraged her grandson's mother to take a developmental perspective: "She was saying that he's bad, but he's

not being bad, he's angry. I say he go through that little stage." Sally, who cared for her infant grandsons, imparted her own vision of child development and urged the parents to take an empathic approach:

Well, as far as bottles go, I tell them not to take the babies off the bottles so quick, 'cause it's a pacifier.... They need to be a baby as long as possible, especially if you're a working parent, they really need to be a baby as long as possible 'cause they miss their mommy and their daddy.

Challenges to Child-focused Caregiving

Findings from large-scale studies of African American grandmothers point to the role conflicts and burdens of grandmother care in many families where early timing of motherhood and grandmotherhood occur (Burton & Bengtson, 1985). Other studies point to relationship conflict between mothers and grandmothers over childrearing values that may compromise the child care arrangement. Hunter's (1997) study of young African American parents' reliance on grandmothers for parenting support found that levels of support were related to "feelings of family closeness" (p. 262). Jayakody, Chatters, & Taylor's (1993) study of family support provisions to African American mothers suggested that child care assistance from grandmothers was often accompanied by conflict and parental dissatisfaction.

Alongside the loving relationships with kin, caregivers also mentioned conflict and burden when describing child care arrangements. They spoke about the hard work of caring for children on a round-the-clock basis while dealing with full-time jobs, economic hardship, age and health problems, and raising a large family. Seven caregivers described disagreements with their daughters that sometimes posed a challenge to the child care arrangements. Although grandmothers saw themselves as second mothers to their grandchildren, they did not want to be perceived by family members as surrogate parents. Discipline, for example, was viewed by most caregivers as a parental responsibility. As Martha explained to her daughter, "I'm the grandmother. Grandmothers are to hug and kiss. You discipline your child."

The burden and physical exhaustion of child care posed another challenge to caregivers. They talked about the hard work of filling in for mothers whose jobs demanded long work hours. Mavis felt her daughter took advantage of her availability to be on call 24 hours a day:

There are times when I resent... where I feel like I'm the person that's always running back and forth, back and forth, and then when she gets here, she still wants to do the fun stuff.... I have to go to work, I still have to take care of my house and you want to go out and party.... Yeah, I'm feeling like I'm more Rachel's mom than Rachel's mom is.

Despite these barriers, caregivers held remarkably strong commitments to their fam-

ilies and reported few disruptions in child care arrangements.

Discussion

Relative caregivers' descriptions of their motivations and daily practices suggest new ways of defining what it means to offer child-focused care. They may have implications for how the early childhood profession measures the quality of care in relative care settings. Caregivers' motivations to help out mothers and children were driven by both ethical obligations to family as well as deep attachments to individual children. Caregivers emphasized the importance of cognitive as well as emotional and moral development. Daily routines and rituals also demonstrated intentional and attentive care to children.

Conflict reported by caregivers, however, suggests that in some cases the tensions involved in such close relationships pose barriers to supportive child care for all parties involved—child, parent, and caregiver. Relationship conflicts may increase the burden for caregivers, who are often struggling with other personal obligations. Collaboration with and support from other arenas such as child care centers, family support programs, and social service agencies may help to offset the stress caused by the caregivers' multiple roles. In turn, this may mitigate opportunities for conflict and burden in these intimate relative care settings.

Similar to past examinations of African American networks of intergenerational support, this qualitative analysis of ten African American caregivers shows that, in addition to child care, caregivers offered significant parenting support and advice to mothers. They provided daily, hands-on coaching to parents about the details of childrearing. Support and encouragement to parents suggest indirect ways that caregivers focused on the well-being of children in their care. Indeed, the strength of the caregiver-parent relationships and the passing on of childrearing wisdom in these relative care settings may be hidden dimensions of child care quality.

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